



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:)	
)	
Kraft et al.)	Examiner: Rhee, Jane J.
)	
Serial No.: 09/917,360)	Art Unit of Parent Appln: 1772
)	
Filed: July 27, 2001)	Confirmation No.: 9869
)	
For: FORMING NEW SHEET)	Customer No.: 00112
FLOORING WIDTHS BY)	
CONTROLLING APPLICATION)	Docket No.: 0105
OF A BONDING AGENT)	

Mail Stop AF
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT AFTER FINAL AND RESPONSE

Sir:

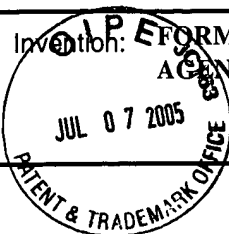


This is in response to the Office Action mailed February 8, 2005. A Notice of Appeal and a request for a two-month extension of time, to July 8, 2005, included in the transmittal letter, are filed herewith. Please amend the above-identified application as follows:

Amendments to the Specification: None

Amendments to the Claims begin on page 2 of this paper.

Amendments to the Drawings: None

Remarks/Arguments begin on page 6 of this paper.

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 0105	
Applicant(s): Kraft et al.					
Application No. 09/917,360	Filing Date 7/27/2001	Examiner Rhee, Jane J.	Customer No. 00112	Group Art Unit 1772	Confirmation No. 9869
Invention: FORMING NEW SHEET FLOORING WIDTHS BY CONTROLLING APPLICATION OF A BONDING AGENT 					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	19 -	34 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 012400 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ Signature			Dated: 7/5/05		
Douglas E. Winters Reg. No. 29,990			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 7/5/05 (Date)  _____ Signature of Person Mailing Correspondence April D. Fiedler _____ Typed or Printed Name of Person Mailing Correspondence </div>		
cc:					